

Name <i>Plaintiff</i>		Date of Birth <i>12/1/47</i>		Social Security Number <i>123-45-6789</i>		Code Number <i>1234</i>		Code Number <i>5678</i>		Code Number <i>9012</i>	
Insured		Contributory		Total		Current		Total		Current	
Industry		Total		Current		Total		Current		Total	
Premium Payable		Rate		Total		Current		Total		Current	
1. Premium Received											
2. Premium Due and Unpaid											
3. Premium Earned											
4. Premium Other than Monthly											
5. Distribution of Premium											
6. Expense											
7. Benefit or Claims Paid											
8. Claims Pending											
9. Open and Unrequited											
10. Benefit or Claims Incurred											
11. Service Inclusion Redistribution S											
12. Percent Female and Non-Caucasian											
13. Tabular Monthly Premium Rate											
14. Tabular Premium											
15. Tabular Claims Rate											
16. Life Years Expended											
17. Dividends Paid											
18. Unallocated Assets											

Name: <u>Paul W. Thompson</u>		Contributory: <u>1</u>		State: <u>Ill</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>	
Insured: <u>Paul W. Thompson</u>		Contributory: <u>1</u>		State: <u>Ill</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>	
Industry: <u>Insurance</u>		Contributory: <u>1</u>		State: <u>Ill</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>		Code Number: <u>81</u>	
Rate		Total		Current		Total		Current		Total		Current	
Premium Payable		Total		Current		Total		Current		Total		Current	
General Section		Total		Current		Total		Current		Total		Current	
Premium Received		Total		Current		Total		Current		Total		Current	
Premium Due and Unpaid		Total		Current		Total		Current		Total		Current	
Premium Earned		Total		Current		Total		Current		Total		Current	
Premium other than Monthly		Total		Current		Total		Current		Total		Current	
Redistribution of Premium		Total		Current		Total		Current		Total		Current	
Reserve or Claims Paid		Total		Current		Total		Current		Total		Current	
Claims Pending		Total		Current		Total		Current		Total		Current	
Open and Unreported		Total		Current		Total		Current		Total		Current	
Reserve or Claims Incurred		Total		Current		Total		Current		Total		Current	
Surplus Including Redistribution		Total		Current		Total		Current		Total		Current	
Percent Female and Non-Carcass		Total		Current		Total		Current		Total		Current	
Tobacco Monthly Premium Rate		Total		Current		Total		Current		Total		Current	
Tobacco Premium		Total		Current		Total		Current		Total		Current	
Tobacco Claims Rate		Total		Current		Total		Current		Total		Current	
Life Years Expired		Total		Current		Total		Current		Total		Current	
Dividends Paid		Total		Current		Total		Current		Total		Current	
Dividends Authorized		Total		Current		Total		Current		Total		Current	

5000

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Policy Number	Renewal Date	Insured Name	Industry	State	Cable Number	Rate and Cost			as of			as of			as of			as of		
						Issued	Rate	Cost	Total	Current	Total	Current	Total	Current	Total	Current	Total	Current	Total	Current
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LINE

Excluded Health
Cost Protection
Physical
Surgical & Chir.
No Plan Services

Cable
Number
Cable
Number

State

Insured
Industry

Rate and
Cost

Exposure units
as
Contingency factor
TR
Contingency charge
Contingency charge (alternate)
CD
CRR
Other contingency charges and reserves:
Total (if not the "Special" column)
CR

42
43
44
45